	WG-003	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	LEVYING OFFICER (Name and Address):	
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:	CASE NUMBER:	
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
EMPLOYER'S RETURN	LEVYING OFFICER FILE NO.:	
(Wage Garnishment)		
Please correct any errors in the mailing information above and provide of the person to whom notices should be directed.  FAILURE TO COMPLETE AND RETURN THESE FORMS MAY SUFFEES AND OTHER CIVIL PENALTIES.		
Name and address of employer	Name and address of employee	
Attn:  Social Security Num	hber (if known):	
(Insert name above)  1. I received the Earnings Withholding Order on (date):		
2. The employee is		
a. not employed by this employer (if not employed, omit items 2b through 6 form).	and proceed to the declaration at the end of this	
b. now employed by this employer and in the last pay period had gross earn	nings of \$:	
3. The employee's pay period is		
a. daily b. weekly c. every two weeks		
d twice a month e monthly f other (specify):		
(IF YOU HAVE RECEIVED NO OTHER ORDERS THAT PRESENTLY AFFECT THI		
AND 6, AND PROCEED TO THE DECLARATION AT THE END OF THIS FORM. )		

(Continued on reverse)

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
If you have received other orders that present The following list indicates the priority of orde		another order may have priority over this one.
Earnings Withholding	Assignment Order (For Support) Order for Support Order for Taxes	Second priority
-	Order	
<del>_</del>		first. If both were received on the same date, are the same, you may select which order you
4. This order appears to have higher pri EMPLOYER'S INSTRUCTIONS (on rever		vill be withheld for this order in accord with the
order because:  a The other order was received.  b This order does not have leading.	ved first. The other order was receive	· ·
		cords. If a copy is not attached, complete item d.)
d A copy of the other order in the control of the other order in the control of the control of the control of the other order in the control of the c		order by providing the following information:
(1) 55011101115, 5001505,		
(2) Levying officer name	and address and file number:	
(3) Total amount to be wi	ithheld: \$	
6. This order is not effective for the reas	son shown in item 5. It is returned to t	he levying officer with this return.
I declare under penalty of perjury under the laws	of the State of California that the fore	egoing is true and correct.
Date:	•	
(TYPE OR PRINT NAME)	<b>,</b>	(SIGNATURE OF DECLARANT)
If an Earnings Withholding Order is not effective w	then served, for any reason, do not hold	d it. Return it to the levying officer with this return.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY SUBJECT AN EMPLOYER TO CIVIL PENALTIES AND ATTORNEY FEES.